

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/607/22

FILING DATE

6-29-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	/						51	/					
2		/					52						
3		/					53						
4		/					54						
5		/					55	/					
6		/					56						
(7)	/						57						
8		/					58						
9		/					59						
(10)	/						60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
(16)	/						66						
17		/					67						
18		/					68						
(19)	/						69						
(20)	/						70						
21		/					71						
22		/					72						
(23)	/						73						
24		/					74						
25		/					75						
26		/					76						
27		/					77						
(28)	/						78						
29		/					79						
30		/					80						
(31)	/						81						
(32)	/						82						
33		/					83						
(34)	/						84						
35		/					85						
(36)	/						86						
37		/					87						
(38)	/						88						
39		/					89						
40		/					90						
(41)	/						91						
(42)	/						92						
43		/					93						
44		/					94						
(45)	/						95						
(46)	/						96						
(47)	/						97						
(48)	/						98						
49		/					99						
(50)	/												
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

Best Available Copy